

## Continuing Education - Assessor/Deputy Assessor Application For Course Credit

Please Print or Type Legibly:

Name: \_\_\_\_\_

Jurisdiction: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Title of Educational  
Program or Course: \_\_\_\_\_

Sponsoring Organization: \_\_\_\_\_

Date of Program: \_\_\_\_\_

Location: \_\_\_\_\_

Hours of Credit Requested: Tested \_\_\_\_\_ Non-Tested \_\_\_\_\_

**(Attach Test Results)**

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### ATTENDANCE CERTIFICATION:

I certify that I have attended the indicated sessions of the  
above-described program for which I am applying credit.

**Signature of Applicant** \_\_\_\_\_

Date \_\_\_\_\_

**Signature of Instructor  
Or Sponsoring Official** \_\_\_\_\_

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**Mail To:** Assessor Education  
C/O Iowa Department of Revenue  
Property Tax Division  
Hoover State Office Building  
Des Moines, IA 50319